

**IDAHO STATE BOARD OF COSMETOLOGY  
BUREAU OF OCCUPATIONAL LICENSES  
1109 MAIN STREET, SUITE 220  
BOISE, IDAHO 83702-5642**

**APPLICATION FOR DEMONSTRATOR PERMIT**

Name of Event \_\_\_\_\_

Address of Event \_\_\_\_\_  
street city state zip

to be held from \_\_\_\_\_ to \_\_\_\_\_, inclusive.  
beginning time & date ending time & date

**Application must be received at least seven (7) days prior to the time and date of the demonstration or instruction.  
All permits issued as a result of this application shall expire on the ending date noted above.**

Name of Sponsoring Entity(s) \_\_\_\_\_

Sponsor's Mailing Address \_\_\_\_\_  
street city state zip

Sponsor's Phone # \_\_\_\_\_ Sponsor's SS # or E.I.N # \_\_\_\_\_

Sponsor's E-mail address \_\_\_\_\_

I hereby make application for Demonstrator Permits for the following persons:

Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____
Name _____	Name _____

**The permit fee of \$10.00 and a copy of the current license for each name listed above must be attached. The permit fee shall not be required for those persons holding a current personal Idaho license.**

I hereby certify that those named above, for whom permits are sought, have presented themselves as currently licensed to practice or teach cosmetology or barbering in another state;  
I further certify that I have read and agree to abide by the Idaho Laws & Rules governing the practice of cosmetology;  
I further certify that prior to any demonstration or instruction at the event noted I will inform each of the persons named above of the sanitary rules for shops and schools;  
I further certify that all services provided at the event noted above will be for educational or demonstration purposes only;  
I further certify that during the event noted the required facilities and products necessary to properly clean and sanitize instruments will be available to the persons named above; Said facilities and products shall include access to hot and cold running water and restroom facilities, and board approved hospital grade sanitation products which are evident and in use;  
I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Print sponsor owner or agent name

\_\_\_\_\_  
Signature of sponsor owner or sponsor's authorized agent

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

The State of Idaho Cosmetology Laws and Rules may be downloaded at: [www.ibol.idaho.gov/cos.htm](http://www.ibol.idaho.gov/cos.htm)